

Chapter Three



Quality Assurance

1. **Discuss how the State has complied with the requirement at section 471(a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.**

I. Overview

Over the past decade, CA has developed quality assurance/continuous quality improvement systems to ensure that the health and safety needs of children in licensed care are met. These systems have been created in the context of the larger movement towards outcomes measurement and evidence-based practice, and as a response to federal requirements, gubernatorial initiatives, and the needs of the children and families served by CA. The following information describes specific quality assurance actions taken by CA concerning the requirement at section 471 (a) (22) of the Social Security Act.

The Division of Licensing Resources

One significant quality assurance measure taken by CA was the creation of the Division of Licensed Resources (DLR) as a separate division within the agency in 1996. DLR recruits, trains, and licenses foster homes and other residential care facilities. DLR also investigates any allegations of child abuse or neglect in licensed care. A DLR Child Abuse and Neglect Section (DLR/CAN) was established in May 1998. Separating these functions from the responsibilities of social workers who make placement decisions prevents possible conflicts of interest, and brings a much sharper focus to the ongoing effort to improve the quality of out-of-home placements in both foster homes and other licensed facilities.

II. Program Description

A. Development of Standards

Standards to ensure that children in foster care are safe and healthy

Licensing standards for out-of-home care were revised in September, 2001. DLR played the central role in the implementation of the standards.

Group care health and safety standards were implemented in October, 1996. The model consists of a two-tiered process of quarterly health and safety reviews and biennial comprehensive health and safety reviews of licensed and contracted programs. (Refer to Chapter Seven and

Eight: Foster and Adoptive Home Licensing, Approval and Recruitment, and Safety, for additional information on group care issues).

B. Implementation of Standards

Health and Safety Visits with Children in Care

CA monitors the health and safety of children in care through two different monitoring mechanisms, one through the Division of Children and Family Services (DCFS), and one through DLR. These health and safety visits contribute to CA's quality assurance efforts to protect the health and safety of children in care.

DCFS Social Worker Quarterly Health and Safety Visits

Social workers in DCFS help assure quality of care by providing case management services and conducting onsite health and safety visits with children in care. Social workers interview children and caregivers and assess the child's needs and sufficiency of services for both the child and the caregiver. Currently, DCFS social workers make quarterly visits to children in care. In accordance with the Council on Accreditation (COA) standards, this policy will be changed to require health and safety assessments of children once every 30 days. The policy will be developed in late Fall 2003.

DLR Health and Safety Inspections

DLR licensors are required to conduct on-site monitoring health and safety visits on 10% of all licensed family foster homes annually and 100% of all licensed residential care facilities. During the foster home health and safety visits, licensors interview parents and children and inspect the foster homes for compliance with licensing requirements. In addition, the foster home is monitored for any Child Protective Services (CPS) or licensing referrals and the licensor reviews pertinent health and safety information with the foster parents during the visit.

C. Compliance with Standards

The Case Review Program, a unit within the Quality Improvement Section, is one component of CA's quality improvement model. The purpose of the statewide case review program is to assist CA staff to deliver the highest standard of services possible to children and families. Case review accomplishes the following important purposes:

- Supports professional development of staff;
- Validates the excellent social work practice that is occurring;
- Identifies practice areas needing improvement;
- Identifies systemic issues that are barriers to good practice;

- Supports continuous quality improvement activities at the individual, local, regional and statewide levels;
- Fulfills accreditation requirements of the Council on Accreditation;
- Supports CA in meeting federal requirements for the Child and Family Service Reviews and Title IV-E reviews; and
- Informs policy, program and training of practice trends.

The case reviewers are guided by the tools to check case documentation for compliance in the area of health and safety contacts and assessments by social workers, as one of the many items that are reviewed.

Case reviews are conducted annually across all 44 offices by the Central Case Review Program. In addition, semi-annual reviews are conducted in the offices by a regional peer review team. Both teams utilize the same model for reviews and each completes a report of findings for each office. (Refer to Question Two of this chapter for additional information on Case Review).

D. Measures which Support Quality Assurance

Accreditation

As discussed throughout the Statewide Assessment, CA has made a commitment to achieve accreditation status through the Council on Accreditation. CA has adopted a comprehensive set of quality standards for all offices to achieve and maintain. These standards support quality services to children in foster care placements as well. As of August 2003, the Council on Accreditation Commission has announced that four offices (Moses Lake, Wenatchee, Long Beach, and South Bend) and CA Headquarters have all met the required accreditation standards. These offices join the Vancouver office in this achievement, which was the first office in the state to be accredited.

Kids Come First Action Agenda

Introduced by Secretary Dennis Braddock in the Fall of 2000, Kids Come First (KCF) is an action agenda with a comprehensive approach to improving the child welfare system. This agenda built on several specific initiatives underway within CA and on the larger movement towards accountability, CQI, and evidence-based practice. The KCF Action Agenda addresses concerns and recommendations contained in the *Riveland Report on Child Protective Services*; the Foster Care Improvement Plan (FCIP); lessons learned from child fatality reviews and, the performance goals outlined in the agency's Accountability ScoreCard.

The Kids Come First Action Agenda is organized around four goals:

- Assuring that the safety of children is the highest priority;
- Improving the well-being of children in out-of-home care;

- Strengthening partnerships to protect children, expedite permanency, and increase stability; and
- Improving the quality and effectiveness of the child welfare system.

This initiative led to the development of a refined and expanded model for comprehensive risk assessment. New, specialized tools were created to guide critical thinking and structured decision-making at nine critical points throughout each case. CA decisions, from determining the appropriate level of response to the first phone call alleging CA/N through the decision to close a case, are guided by the use of these tools.

The Kids Come First Action Agenda has led to:

- Mandatory training in the use of new risk assessment tools for 1,200 staff,
- Training for community-based Child Protection Teams,
- Establishment of a statewide toll-free hotline for reporting abuse and neglect,
- Implementation of “Kidscreen,” a child specific assessment process to identify the strengths and needs of all children in care for more than 30 days, and to guide development of Individual Service and Safety Plans for all children in out-of-home care,
- Development of recommendations to improve school stability and track educational outcomes, and to pilot tutoring and educational advocacy services for adolescents in four of the state’s six regions,
- Development of training in educational advocacy for foster parents, and
- Launching the Foster Care Improvement Plan.

Foster Care Improvement Plan Adopted

The Foster Care Improvement Plan (FCIP) is a key component of the Kids Come First Action Agenda. The FCIP started in May 2001 and began as a collaborative effort of CA and Casey Family Programs. Casey later withdrew in December of 2002, due to funding issues. CA continues to manage the plan. The plan was developed by a statewide Foster Care Task Force, which included citizens, legislators, foster parents, child welfare officials and residential care providers. A statewide stakeholder meeting solicited broad public input into the plan.

The FCIP Executive Committee set both recruitment of new homes and retention of existing foster homes as priorities, with retention the highest priority. Since the plan began, a comprehensive new system for measuring satisfaction of foster parents has been developed. Foster parent recruiters have been hired through a state contract and more than 40 are at work throughout the state. Regions are working from Needs Assessments and Recruitment Plans that identify the needs of the children in care in each region, so they can be matched with the most appropriate foster home. A five-member team of the FCIP was selected to work on a Casey Family national program to test small system changes and spread those that are successful statewide. The plan has an Oversight Committee, Project Management Team, six regional teams and a variety of work groups.

Community-Family Partnership Project

With the help of a three-year grant from the Stuart Foundation, CA has developed a strong partnership with communities to provide support to families and children. The Community-Family Partnership project was piloted in under served communities in King County. When a child needs to leave his or her home due to a family crisis, foster care availability may be outside of the child's school and community. One component of the project is directed at finding community members who have a desire to become foster parents to children from within their communities. When utilized it can reduce trauma and disruption to the child involved. This also allows the community to "wrap around" support to the child. The project also provides support to foster parents by providing monthly support groups and ongoing classes. The three-year time period for the grant will be ending in December 2003.

III. Policy Information

The policies guiding and supporting DLR quality assurance functions are provided in the CA Operations Manual. Policies regarding quarterly visits by DCFS social workers are provided in the CA Case Services Manual. Both are available via the CA Intranet and Internet.

Washington law requires that on-site DLR Health and Safety visits be conducted in at least 10% of all licensed family foster homes annually. CA policy is more stringent for facilities, requiring that 100% of licensed residential care facilities be visited annually. State law also requires CA to report annually on the success in meeting these monitoring goals. CA's annual performance report includes this information.

The CA respite care policy established procedures for providing temporary respite support for foster parents caring for department placed children. Respite care provides foster parents a break from the continuous care of children with challenging behaviors, and reduces placement disruptions by setting in place support systems. Often relatives of foster children are one of the approved respite care providers, thus increasing familial connections and support systems for the child in care.

IV. Initiatives

Policy Changes

CA has made the decision to move towards the development of a policy requiring DCFS social workers conduct a face-to-face contact with families and caregivers at least once every 30 days. This proposed policy change would enable CA to comply with Accreditation standards related to visitation. Workgroups, including union representation, are being established to assist in planning implementation and policy development. This policy will be developed by late Fall 2003.

Tool Development

To help DLR maintain statewide standards, new tools have been developed and made accessible statewide. These tools include checklists for licensors, evaluation tools, standard forms for waivers and administrative approvals. All forms have been placed on the share drive for statewide access.

V. Lessons Learned During the Statewide Assessment

The 1996 creation of DLR was a significant improvement in the way CA assures quality out-of-home care. DCFS social workers are no longer in the dual roles of social worker for the child and investigator of the licensed facility. This separation has helped the quality of each service. DCFS workers have been better able to sustain partnerships with foster parents and care providers on behalf of children when they are not serving as the potential inspector or investigator of the home. This has helped establish greater trust in relationships between social workers and foster parents, which is one of CA's core goals included in the Foster Care Improvement Plan.

In addition, as a result of the work of DLR, CA has become more able to provide specialized staff attention to inspecting facilities for health and safety, delivering provider training and investigating allegations of child abuse and neglect in licensed care.

DLR has worked diligently over the past several years to continually reduce the incidence of abuse in licensed care. Increasing coordination between DCFS and DLR staff in developing plans that address both safety and permanency for children, improved training for foster parents, increased training of investigators, facility reviews by licensors, and health and safety visits by social workers have all supported an improved quality of foster parenting. This improved quality of care, along with increased supervision by direct service providers and training about the Kids Come First safety assessments and safety planning, have contributed to a decrease in allegations of abuse or neglect in licensed care. The result has been a reduction of nearly 75% in the founded cases of abuse or neglect in licensed care over the five-year period of 1997-2001. (Refer to Chapter Eight: Safety, for additional information).

CA's *2001 Statewide Summary Report on Peer Case Record Review* describes findings from peer review of 1,389 DCFS case files. In this sample of cases, the documented completion rate for quarterly visits by DCFS workers was found to be significantly lower than the rate noted in the *Performance Report 2001*, which was found to be 90%. Through the peer review process, DCFS quarterly visits were found to be documented in 57% of CPS placement cases and 66% of CWS cases.

Strengths

- CA has implemented a comprehensive set of standards to ensure that children in foster care placements are provided quality services that protect their health and safety.

- In fiscal year 2001, DLR completed 792 on-site monitoring health and safety inspections in the approximately 4,200 foster homes licensed. In fiscal year 2002, DLR completed 710 health and safety inspections or 11.3% of licensed foster homes, exceeding the required 10%. (*Based on data provided in Children's Administration Report, 2001 and 2002*)
- According to a regional hand count of data, DCFS social workers conducted the required quarterly visits in over 90% of placement cases during 2001.

Challenges

- Timely documentation of the health and safety assessments with children is a challenge for workers.
- The DCFS quarterly visitation policy for children in care does not meet the COA standards. Consequently, CA is moving towards a change in the policy to require visits with children, caregivers, and parents every 30 days. The policy will be developed in late Fall 2003.

Promising Practices

COA Self-Study

CA is actively pursuing accreditation through the Council on Accreditation (COA). COA standards require that children in care be visited at least every 30 days (as distinct from CA's current policy of 90 days). Five DCFS field office has already achieved COA accreditation. These offices appear to be meeting the 30-day requirement with reasonable success.

2. **Discuss the effectiveness of the agency's quality assurance system in helping to ensure the safety, permanence and well-being for children served by the agency and their families in all jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.**

I. Overview

Since its inception in 1966, Washington State's public child welfare system has included a commitment to continuously improving the quality of services provided to children and families. Over the past decade, significant strides have been in developing and implementing quality assurance activities.

The Advent of Continuous Quality Improvement within Washington State Government

In 1997, Governor Gary Locke issued an Executive Order requiring all state agencies to adopt Continuous Quality Improvement (CQI) programs and to make CQI a permanent part of the way every agency does business. In response to this Executive Order, DSHS contracted for the development of training for CQI teams throughout the organization.

In 1998 a Quality Improvement Coordinator position was established in the CA Management Services Division to provide statewide support, training and recognition for CQI teams established at all levels of the organization. Leaders and managers were trained in CQI principles and practices. In June 2001, a Deputy Assistant Secretary was hired to oversee quality improvement and, in January 2002, a Quality Improvement Section was established under the Deputy to sustain this effort.

Organizational Leadership for Quality Assurance

Leadership of CA's Quality Improvement/Quality Assurance system is the responsibility of CA's Deputy Assistant Secretary. This new position within CA was created specifically to assist the organization as it moves forward with major initiatives to improve the health and safety of children. The position was filled in June of 2001. Principal programmatic components under the direction of the Deputy Assistant Secretary include CA's Quality Improvement Section, and CA's Office of Staff Development and Training.

The Quality Improvement (QI) Section was created upon the arrival of the Deputy Assistant Secretary and builds organizational capacity to support major improvement initiatives. Within the QI Section, positions were created to manage the following functions:

- Statewide achievement of COA accreditation status;
- A statewide program of case record reviews;
- Expansion of the CA model for continuous quality improvement; and

- Participation in the Federal Child and Family Services Review.

II. Methodology

CA's approach to Quality Assurance/Continuous Quality Improvement is consistent with the model described by the National Child Welfare Resource Center in *A Framework for Quality Assurance in Child Welfare*. This framework for quality assurance consists of five steps:

- Step 1. Adopt outcomes and standards
- Step 2. Incorporate Quality Assurance (QA)/CQI throughout the agency
- Step 3. Gather data and information
- Step 4. Analyze data and information
- Step 5. Use analyses and information to make improvements.

Step 1: Adopt Outcomes and Standards

As a part of its Strategic Planning process, CA has adopted 22 specific outcome measures, organized within the four primary goal areas of child safety, permanence, child and family well-being.

Identification of these outcomes enables staff at all levels of the organization to target efforts towards achievement of specific, common goals. CA's outcome measures are listed below:

Safety

- The proportion of families chronically referred to CPS,
- The percentage of high standard child abuse and neglect referrals where the child is seen within 10 working days from the date of the referral,
- Percent of CAN victims who had another founded referral within six months,
- Percent of children in licensed care who were abused or neglected by a foster parent or facility staff,
- Percent of foster homes receiving annual health and safety checks; and
- Percent of children who are placed due to abuse or neglect and must be placed again.

Permanency

- Percentage of children during the first 12 months in care with no more than two placements,
- The number of children in care longer than two years who do not have a completed permanent plan,
- Percent of children in care for more than two years with no moves during the last year in care, or a reduction in moves of two or more,
- Length of time to achieve permanency goal of reunification,
- Length of time to achieve permanency goal of adoption,

- Percent of children who re-entered care after reunification, within 12 months of a prior episode,
- Number of African American children in care greater than two years who are not in their permanent home,
- Number of minority children, ages birth to three, who have been legally free for more than one year with no permanent plan completed,
- Number of children whose permanent plan is accomplished for adoption, reunification, guardianship, and other,
- Percent of children in foster care placed with extended family members,
- Open placement cases on the last day of the quarter where the child was visited by the parents or permanent caretakers at least once within the last 30 days, and
- Number of licensed foster homes.

Well-being

- Percent of children in DCFS placement who are visited by their social worker in the caregivers home, according to policy,
- Percent of children who leave out-of-home placement on or after their 18th birthday either holding a high school diploma, GED, or are enrolled in an educational or vocational program,
- Percent of eligible youth age 16 and over in out-of-home placement receiving ILS, and
- Percent of children under 12 years old at the time of most recent entry placed in group care.

Standards

In May 2000, CA signed an agreement with the Council on Accreditation (COA), signaling CA's intent to become fully accredited, in every office in all six regions of the state. To achieve accreditation, CA must demonstrate that it meets over 700 established standards in the administration and practice of child protection/child welfare services.

By committing to achieving accreditation status, CA has adopted a comprehensive set of quality standards for headquarters and all field offices to achieve and maintain.

Step 2: Incorporating QA/CQI throughout the agency

Some of CA's methods for incorporating quality improvement throughout the agency are described below:

The Quality Improvement Steering Committee

In 1997, Governor Gary Locke signed an executive order that requires all state agencies to implement continuous quality improvement systems. Within CA, a Statewide Quality Steering Committee was created to support this effort. The Committee reviews CQI plans and project results, and makes recommendations for statewide implementation of promising practices identified.

tified by local CQI projects. At the Governor's request, the Committee also completes an annual self-assessment based on the Malcolm Baldrige criteria – a set of management standards used to define and measure performance.

Local Office Standing Continuous Quality Improvement Teams

A cornerstone of CA's developing QI/QA model is the Local Office Standing Continuous Quality Improvement Team. As offices move through the accreditation process, they establish these ongoing CQI teams composed of staff from each work unit, clients, stakeholders and community partners. Standing CQI teams analyze local performance data including, but not limited to:

- Case Review results;
- Outcome measure data; and
- Customer Satisfaction survey results.

Based on their analysis of local data, Standing CQI Teams develop Annual Improvement Plans (aligned with the Strategic Plan), with measurable targets for improvement in their office's performance. Currently, 19 of CA's 44 offices have established their Standing CQI Team, and eleven of those have completed their first Annual Improvement Plan. By 2006, all 44 offices will have Standing CQI Teams in place, thereby engaging every office in an annual process of reviewing their achievements and establishing measurable goals for continuous improvement.

Data sharing

Through Intranet links and interactive spreadsheets, current data on safety, permanency and well being measures are accessible by all CA staff. Data can be viewed for the state as a whole, or for regions, offices, work units, or individual workers.

Performance Agreements

Performance agreements articulate measurable targets for organizational improvement. Performance agreements are created annually for managers at multiple levels within state government, from the Governor's office to local administrators.

The Governor advances a set of priorities for State government. Within these priorities, state agencies conduct strategic planning and create written plans with goals and measurable objectives. Agencies agree on targets for these measurable objectives and a few high level objectives are selected and included in performance agreements between the agencies and the Governor. Agency leaders, in turn, establish performance agreements for managers within the organization. Progress towards performance targets is evaluated annually and incorporated into strategic planning.

Continuous Quality Improvement (CQI) Project Teams

Continuous Quality Improvement project teams exist at all levels of CA. These teams may be initiated by staff at any level to solve problems and improve services. Currently, teams are addressing issues such as staff retention, improving customer service practices and strengthening community partnerships. Each team is trained in quality principles, the use of CQI tools, and techniques for problem identification and resolution. CA has had over 100 Quality Improvement Project Teams since 1998.

Step 3: Gather Data and Information

As outlined above, CA has taken steps to establish outcomes, adopt standards, and incorporate QA/CQI throughout the organization. The following are some of CA's methods for "gathering data and information"

Performance Measures

Current data on 18 of the 19 CA performance measures is gathered in CAMIS. These data are then displayed electronically via interactive spreadsheets, which are available on the computer desktop of all CA staff. One of the measures is tracked via hand count.

Case Record Review

CA's case record review model is a proactive process of reviewing, assessing and improving services to children and families through quarterly review of a random sample of open and closed case files. Social work practice is rated both in terms of compliance with agency policy and in terms of the quality of practice. Data from the reviews are analyzed and subsequent reports provide a feedback loop enabling current practice data to inform decisions on policy, practice and training.

The case record reviews occur in two ways: peer reviews and central case record reviews. In calendar year 2001, over 1,300 case files were reviewed in the course of 46 peer reviews conducted in 20 offices. In 2002, CA supplemented the peer review process by establishing a Central Case Review Team, which conducts a case record review annually in each of DCFS 44 field offices. Since the inception of the Central Case Review Team (14 months) they have completed 785 case record reviews, 18 office reviews, five special request reviews and reviewed 293 intake referrals. Both peer and case review combined (for the first three quarters of FY 03) have reviewed 1576 records in 65 separate reviews in 25 offices.

Following the review, a report is completed which includes the areas of strength and areas needing improvement. The case review team works in conjunction with the office to develop recommendations for improvements.

The practice of peer review was expanded in 2002, and is on target to reach statewide imple-

mentation in 2006. When CA's Case Record Review program is fully implemented, every office will participate semi-annual reviews by regional peer reviewers and an annual review by the Central Review Team. (Refer to question one of this chapter for additional information).

Incidents, Accidents and Grievances

Via the Consumer Contacts Database and the Administrative Incident Reporting System (AIRS), CA gathers data and information on the following topics:

- Consumer complaints;
- Child fatalities and near fatalities;
- Incidents in licensed facilities;
- Critical incidents involving clients;
- Staff safety incidents;
- Allegations of staff or provider misconduct;
- Civil rights complaints; and
- Employee grievances.

Accreditation Self-Study

As part of the accreditation process, CA headquarters and each field office conducts an inventory to gather evidence demonstrating that COA standards are being met. Through this process, areas of strength are noted and areas needing improvement are identified, along with appropriate action plans.

Office of Children's Administration Research (OCAR)

New knowledge and information on issues related to public agency services to children and families provides an objective basis for improving policies and programs based on data. Research on identification of child abuse and neglect, effective intervention strategies and recurrence rates for child protective service referrals provide a foundation for data based organizational and program change. Through a variety of federal, Legislative and departmental grant initiatives the Office of Children's Administration Research conducts research and evaluation projects on various questions of policy and program interest for Children's Administration. Project results are disseminated at local and statewide meetings, and at state and national conferences.

Surveys

To gather data and information on a variety of topics, CA has developed several survey tools, which are currently being piloted. Information obtained from the tools will be used as a data source for quality improvement activities. The tools include:

DCFS Client Satisfaction Survey

The *Customer Satisfaction Survey* will be mailed to clients receiving services from CPS, CWS and FRS. A random sample group of open and closed cases will be identified to receive surveys. The survey instrument consists of 19 questions that focus on client satisfaction in four areas: 1) client treatment by staff; 2) services received by clients; 3) information about services; and 4) services to Limited English Proficiency (LEP) clients.

CA Employee Survey

The survey will be sent via e-mail to all CA staff. The survey is currently one that is being used by other DSHS administrations and was developed by the Department of Personnel (DOP). It consists of approximately 64 questions. This survey will be sent out to staff every other year.

Foster Parent Pre-Service and Licensing Survey

Two surveys have been developed to help CA learn more about foster parent's early experiences with the licensing process. Survey results should help CA focus improvement activities aimed at increasing the number of prospective foster parents being licensed.

One survey will be distributed and collected at the end of pre-service training by the Foster Parent Trainers. DLR Licensors will mail the second survey to foster parents with their initial license or when the application is closed. The surveys include questions regarding customer service, information and materials, support and overall satisfaction. In addition, the survey solicits feedback regarding factors that made the licensing process easy and/or difficult and, as applicable, the reason for not proceeding with the license.

Licensed Foster Parent Satisfaction Survey

This survey is focused on the ongoing relationship with foster parents and their satisfaction with services provided by their DLR licensor and the child's social worker, with respect to relationships, participation, support, etc. This survey is conducted on an annual basis.

Foster Parent Exit Survey

Foster parents who terminate their license will be contacted by phone within 30 days and asked to complete an exit survey. The exit survey will help CA learn more about the reasons foster parents are choosing to discontinue providing foster care services, potential trends in the types of foster homes being lost, and factors having the most positive and negative impact on their experiences. In addition, foster parents' input will be solicited regarding ways for CA to improve foster parent satisfaction.

Step 4. Analyze Data and Information

One of the goals of CA's CQI/QA system is to make pertinent data readily available for staff at all levels of the organization, in order to engage as many people as possible in analyzing data and information. Teams at different levels of the organization analyze data as they plan and prioritize improvement activities. For instance, the CA management team analyzes performance data on a regular basis and incorporate this analysis into the agency's strategic planning process. Local office Standing CQI Teams analyze data to monitor the effectiveness of their projects. In addition to these formal mechanisms for analyzing relevant data, staff throughout the organization analyze data to inform their ongoing efforts towards best practice. QA structures supporting data analysis include:

Analysis of Outcome Measures data

CA's Data Management Unit provides monthly trend analysis reports on this data, and posts the reports on CA's Intranet. Results can be viewed for the state, for a region, an office, a specific work unit within an office, or even for one social worker's caseload.

Analysis of Case Record Review data

CA's QI Section staff analyze case review data and provide annual summary reports at the state-wide, regional and field office levels. These reports highlight elements of social work practice identified in the data as strengths and elements of practice identified as areas for improvement. These reports are distributed by the QI Section for further analysis at the appropriate level and improvement plans are developed.

Office of Children's Administration Research (OCAR)

One benefit of having an internal research office is ongoing assistance in analyzing and interpreting data. Two specific examples of this are as follows:

From 1992 through 1995, the OCAR produced a series of reports concerning sexually aggressive youth. This information led to the development of a practice model to better identify needs of sexually aggressive youth and to provide appropriate treatment and placement resources for this population. In addition, this body of information also assisted decision making in the state legislature, which allotted additional funding to provide services indicated by the research to be appropriate for the sexually aggressive youth served by the agency.

Since the late 1980's, OCAR has studied and written about risk assessment within public child welfare. This information has been a driving force in the agency's development of an ecological model for comprehensive risk assessment. During 2000-2001, OCAR reviewed literature and analyzed CAMIS data to identify risk factors associated with outcomes such as re-referral, recurrence and multiple placement episodes. This work was reflected in the development of the Kids Come First assessment tools.

Updating the Strategic Plan

Every two years, CA solicits broad input from customers, foster parents, Tribal government representatives, stakeholders and employees and develops a seven-year strategic plan with goals, objectives and strategies. At least every four years, this update includes a thorough review of the mission, vision and overall direction of the agency. The status of the strategies are reported annually and used to develop the updated plan with input from the major advisory boards representing stakeholders, foster parents, Tribal governments and youth in care. The Strategic Plan is the basis for the federal comprehensive plan, the quality improvement plan and the biennial budget plan. The goals, objectives and outcomes are aligned with the federal performance indicators. Through this planning process, substantive analysis of performance data is conducted, not only by agency staff, but by stakeholders as well.

Analysis of Incidents, Accidents and Grievances data

CA headquarters staff conduct quarterly analysis of data concerning reportable circumstances and provide trend reports to assist efforts to improve the health of the organization for clients, staff and providers.

Step 5. Use Analyses and Information to Make Improvements

Some examples of how CA converts analysis into action include:

Case Review

The Central Case Review Team completes an annual report, summarizing the reviews conducted throughout the year. The report identifies areas of practice that are strong, and those that need improvement. The report is provided to the CA management team for review. The management team develops policy and practice guidelines as needed.

Performance Agreements

Annual analysis of progress towards meeting performance targets results in new or revised performance agreements for managers at all levels of the organization, in alignment with the Strategic Plan.

Local Office Annual Improvement Plans

Local Office Standing CQI Teams take their analysis of local data and apply it directly to the creation of an annual improvement plan with measurable targets for each goal. Further, each local goal is identified as relating to a particular area of the CA Strategic Plan (Safety, Permanence, Well-Being or Supporting Client Outcomes).

Analysis of Local Improvement Plans

As Local Office Annual Improvement Plans are implemented, the plans are analyzed to identify trends in the nature and scope of improvement goals across the state and their relationship to the Strategic Plan. As this process evolves, it will strengthen linkages between local improvement planning and the broader organizational strategic planning process.

CQI Project Teams

CA has had over 100 CQI project teams since 1998. These teams proactively utilize data and information to make focused improvements at all levels of the organization. CQI project teams have made contributions in areas such as reducing staff burnout, improving customer service, and increasing data integrity.

Incorporating QI/QA data in Staff Development and Training

As described in Chapter Four: Staff and Provider Training, CA operates a competency based model of staff training that includes six weeks of initial training, opportunities for ongoing training, specialized training for supervisory staff, and a educational stipend program in partnership with the University of Washington for pursuit of a Master of Social Work (MSW) degree.

With the Office of Staff Development and Training (OSDT) and the QI Section both under the direction of the Deputy Assistant Secretary, capacity exists to readily integrate QI/QA information into statewide staff training. QI and OSDT staff meet to jointly analyze case record review data, and incorporate it into core training curricula. Case review data and findings are incorporated into staff training programs to further enhance practice.

Launching Major Improvement Initiatives

Analysis of data and information has led CA to the creation of several major improvement initiatives, including the Kids Come First action agenda and the Foster Care Improvement Plan (both described under “initiatives”).

III. Initiatives

The Kids Come First Action Agenda

Introduced by DSHS Secretary Dennis Braddock in the fall of 2000, Kids Come First (KCF) is an action agenda with a comprehensive approach to improving the Washington State child welfare system. This agenda has been a driving force in establishing child safety as the preeminent goal of public child welfare in Washington State. The KCF action agenda aligns with CA’s Strategic Plan and the CFSR. The goals of the Kids Come First action agenda are organized into four areas: safety, permanence, well being and improving organizational effectiveness. This has reinforced goal alignment within the organization.

The Foster Care Improvement Plan

Launched to make major improvements to the foster care system, the Foster Care Improvement Plan (FCIP) is a collaborative effort between CA and Casey Family Programs. FCIP strategies include increasing the number of available foster and adoptive homes through effective recruitment and retention efforts and creating an agency culture that promotes collaboration between foster families and social workers.

Using Data to Improve Practice

Training has been provided to management on the use of data to improve practice. This training will be expanded in 2004 to include field supervisors.

IV. Lessons Learned During the Statewide Assessment

CA's current statewide QI/QA system is relatively new and is still in the process of being understood and implemented statewide.

A natural and expected tension exists between the workload and service demands experienced in the field and the expectations and QI/QA processes being introduced. This tension needs to be further assessed and consultation needs to occur to learn more about how to improve in this area.

Given the relative newness of CA's statewide QI/QA system, the greatest need is to simply "stay the course." While changes in CA's external environment will undoubtedly affect the organization, a degree of constancy is provided via CA's relationship to both COA and the CFSR. Each of these two relationships includes an ongoing, cyclical process of assessment, action planning, and implementation of improvement plans. Participation in these endeavors will feed into CA's strategic planning and QI/QA system.

A commonly cited theme in this initial assessment is that staff at multiple levels of the organization struggle to meet a host of competing requirements and yearn for a smaller set of priorities to manage.

Strengths

- CA has a well defined and comprehensive QI/QA model that has the capacity to evaluate and improve the quality of services provided to children and families in relation to safety, permanence and well-being.
- CA has clearly defined and relevant performance measures and standards.
- CA is committed to achieve COA accreditation of all 44 offices and headquarters by 2006.

- The QI/QA model provides useful data to the field and management that has real impacts on practice and program improvement.
- CA has a research office conducting research and evaluation projects on various questions concerning public child welfare.
- There is a strong statewide case record review program in place. Annually some 2,000 cases are reviewed and feedback given to each worker and office.

Challenges

- Some of the components of CA's QA/QI system (e.g. Statewide practice of quarterly case record review, analysis of case review data, creation of Local Office Standing CQI Teams; Local Office Annual Improvement Plans, pursuit of COA accreditation status) are in the early stages of implementation. Current ability to track measurable impact of these QI/QA practices in improving outcomes for clients is limited, but will improve when performance baselines are established.

Promising Practice

Pursuit of Accreditation

CA has developed a plan to achieve accreditation of all offices by 2006. The pursuit of COA accreditation status plays a critical role in CA's QI/QA model. When a DCFS field office engages in the accreditation process, that office:

- Completes a self-study providing evidence of meeting COA service delivery standards and corrects any areas in which they discover "red flags,"
- Commences the practice of quarterly Case Record Review,
- Builds their local office standing CQI team, and
- Commences the practice of implementing Local Office Annual Improvement Plan with measurable targets which are in alignment with CA's Strategic Plan.

COA Self-Study

The Council on Accreditation (COA) standards require that CA demonstrate a commitment to continuous quality improvement (CQI) through the implementation of a comprehensive CQI system; that representatives from all stakeholder groups participate in the CQI process; and that the organization engage in long-term and short-term planning. COA has determined that CA meets the required standards to pass the chapter regarding CQI. (*Refer to COA Standard G-2 for additional information*).